

LTBB HOMECOMING POW WOW 5K RUN/1 MILE WALK

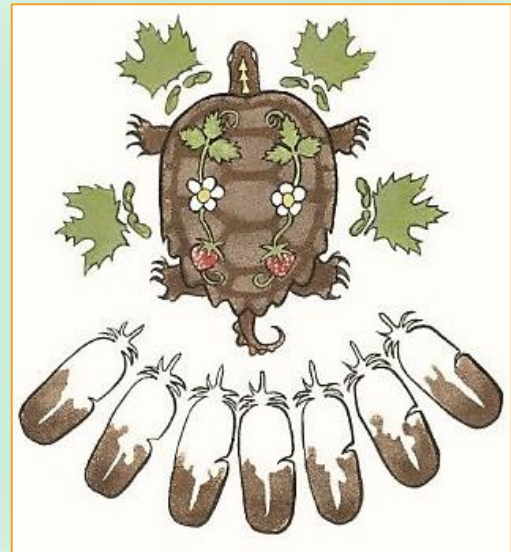
Location: 7500 Odawa Circle Harbor Springs, MI 49740

Date:
**Pow Wow Sunday,
August 11th, 2019**

Check In Time:
8:30am

Start/Finish Line:
**Government Center
Visitors Parking Lot**

Start Time:
9:00am



There is no entry cost for this event. All participants will receive a certificate of completion for their participation in this event.

If you have any further questions, please contact the Marlene Gasco at (231)242-1616.

Light refreshments and food will be provided prior to the start of this event.

Sponsored by:
**LTBB COMMUNITY
HEALTH DEPARTMENT**

**Please fill out the following registration form and
mail to or drop off at:**

**LTBB Community Health Department
1260 Ajijaak Ave
Petoskey, MI 49770**

LTBB HOMECOMING RUN/WALK EVENT ENTRY FORM PLEASE PRINT LEGIBLY

Name _____ Age _____

Address _____

City, State, Zip _____

Phone _____ Email _____

I am participating in the (please circle one) 5K Run 1 Mile Walk

Waiver (MUST BE SIGNED)

In consideration of being permitted to participate or for my child to participate in any way, in any and all program activities hereinafter called "Event", I, for myself, my heirs, personal representatives or assigns, do release, waive, discharge, and covenant not to sue the Little Traverse Bay Bands of Odawa Indians, any officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participating in the Event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Assumption of Risks:

Participation in Event carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint of back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Acknowledgement of Understanding:

I have read this waiver of liability and assumption of risk, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability, for myself or my above named child, to the greatest extent allowed by law.

Signature _____ Date _____

Parent or Guardian if under 18 _____

Little Traverse Bay Bands Community Health Department
1260 Ajijaak Ave | Petoskey, MI 49770 | (231)242-1601